

MISSOURI BOARD OF NURSING HOME ADMINISTRATORS
Application for Registration as a Training Agency

EMAIL TO BNHA@HEALTH.MO.GOV or FAX TO (573) 526-4314

1. Type of Application:

☐ New ☐ Renewal

OFFICE USE ONLY

Board Approval Number: _____

2. Type of Organization:

☐ An accredited educational institution:

Name of accrediting body

Date accredited

☐ National membership organization in the field of healthcare or management

☐ State membership organization in the field of healthcare or management

☐ Other (Describe): _____

3. Organization Name: _____

Address: _____

4. Contact Person: _____ Phone Number: _____

Contact Email Address: _____

5. Organization's purpose and objectives:

6. Organization's background in healthcare and management:

7. Organization's background in continuing education/adult learning:

8. Date organization began operations:

9. Attach name, titles, experience, and education qualifications of the Education Committee.

10. Describe the administrative and organizational structure of the unit that assumes responsibility for educational activities of nursing home administrators. Include names, titles and qualifications.

11. Describe the method for recording and verifying attendance. (Supply sample forms used).

12. Does your organization agree to periodic monitoring of your programs by member of the Missouri Board of Nursing Home Administrators? ☐ Yes ☐ No

IF APPROVED AS A TRAINING AGENCY, I HEREBY CERTIFY THAT:

1. This organization will follow affirmative action standards assuring equal access to all approved programs for all nursing home administrator licensees without regard to race, color, sex, religion, national origin, creed, age, ancestry, veteran, or handicap status.
2. This organization will submit to the Board approximately thirty days in advance, the following information regarding each program approved for long term care administrator clock hours:
 - a. Date, time and location of presentation broken down into specific time periods, topic titles and speakers;
 - b. A program outline including the purpose and content objectives;
 - c. Statement regarding presenter qualifications in his/her particular subject matter area; and
 - d. Number of clock hours requested, deleting time allotted for breaks and lunch
3. Licensed administrator attendance will be monitored at all approved educational programs.
4. A certificate of attendance will be issued to each participant and shall include the title of the program, date of offering, the number and type of clock hours completed, and the Board approval number.
5. A composite evaluation and roster of attendees including name, license number and number and type of clock hours earned, shall be issued to the Board within thirty days of the offering date.
6. A systematic method for recording and maintaining attendance will be kept for a period of two (2) years.
7. A method of content evaluation will be implemented for each approved program.
8. This organization will comply with all pertinent Missouri laws and regulations as a condition of approval as a training agency for long term care administrators.
9. The programs sponsored/provided by this organization shall be consistent with the criteria for continuing education established by the Board and, shall be of value in developing skills in long-term or related health-care administration while addressing content within the long term care core of knowledge, pursuant to 19CSR 73-2.031 (2) (A)-(K).
10. This organization shall provide adequate facilities and appropriate instructional material to carry out continuing education programs.

I also certify that:

All statements made in this request are true to the best of my knowledge and belief.

I understand that approval of this request designates this agency as a registered training agency of continuing education for a one (1) year period or unless it is revoked for cause. Failure to comply with rules or to meet standards as described in 19CSR 73-2.060, refusal to allow reasonable inspection or to supply information upon request of the Board or its representatives, are causes for revocation.

Signature of Authorized Agent: _____

Title of Authorized Agent: _____

Date: _____

Sample Roster

COURSE TITLE: ADMINISTRATION OF LONG-TERM CARE FACILITIES

LOCATION: JEFFERSON CITY, MO

DATE: 03/30/2010

APPROVAL NUMBER: #####

NAME (TYPED OR CLEARLY PRINTED)	NHA LICENSE NUMBER	SIGNATURE	CLOCK HOURS EARNED	
			ADMINISTRATIVE	PATIENT CARE

You may create one of your own with what you want to include on it however, this is the minimum required information that the Board of Nursing Home Administrators requires to be submitted within 30 days of the date of the course.